

RECIPROCITY APPLICATION

Only complete applications will be processed; a complete application includes all applicable supporting documents and fees. Incomplete applications will be considered withdrawn.

There are two ways to qualify for a license by reciprocity in Arizona: (A) license for license or (B) examination. For either type you need:

1. A complete application (see below) including your valid Social Security Number;
2. The fee of \$110;
3. A copy of your current license in another state or country; and
4. Verification of status as set forth in (A) or (B) below.

IN ADDITION: If training or licensure and graduation was received outside the United States or if you received education, graduation, and did not license in a state that does not verify hours: An outside evaluation of licensure or education (see box below).

(A) License for license: If you qualify, this may be the easier way to obtain a reciprocity license. You must provide a certification of a current license from another state or country including the beginning and ending dates of licensure; i.e., a “license” is renewed at set times. A “permit to work” or “health certificate” (which may or may not be good for a lifetime) is not acceptable. If you believe you have a “license,” contact your governing board and follow their procedures to obtain a certification and have it mailed to you. **DO NOT OPEN THE ENVELOPE.** Include the certification with your application. (If they will not mail directly to you, have them send it here.)

(If you are applying for a cosmetology license and the license states something other than Cosmetology, certification showing the curriculum for the title shown on the license or evaluation certification is necessary; i.e., hairdressing must show that nails and aesthetics were included in the course curriculum.)

or

(B) Examination: If your government does not “license” or if you attended school and did not license in a state that does not verify hours, you may still qualify for reciprocity through evaluation and examination. Obtain verification of hours, curriculum studied, and graduation from a school with substantially similar requirements corresponding with Arizona law. (If your state does verify hours and graduation, obtain a certification, have it mailed to you, and include it with your application. **DO NOT OPEN THE ENVELOPE.**) If you qualify for examination, you will be contacted with information on examining at this office (\$50 for practical and \$50 for written).

If you received your training or licensure outside the United States or only hours and graduation (are not licensed) and the state board does not verify hours, contact an evaluation service listed below. Ask for a general evaluation, request that the evaluation be sent directly to you, and include it with your application. **Do not open the envelope.** Send information and fees for evaluation directly to the service, not to this Board.

Education Evaluators International, Inc
P.O.Box 5397
Los Alamitos, CA 90720-5397
Tel: 562-431-2187 Fax: 562-493-5021

International Consultants of Delaware, Inc.
625 Barksdale Road, Ste 109
Newark, DE 19711-3258
Tel: 302-737-8715 Fax: 302-737-8756

Educational Perspectives
P.O.Box 618056
Chicago, IL 60661-8056
Tel: 312-421-9300 Fax: 312-421-9353

Global Credential Evaluators, Inc
P O Box 6526
Glendale AZ 85312
Tel: 602-769-7825 Fax: 532-7787

NOTE: **Your license will expire on your next birthday!** Your license may be active for only a short time. Renewal must be postmarked on or before your next birthday. **Renewal fee:** \$30

If you have a disability and need special accommodations to participate in Board programs including receiving this information in an alternative format, please contact the ADA Coordinator at this office.

ATTENTION: CALIFORNIA AND SOUTH CAROLINA LICENSEES ONLY:

We have been informed by the above Boards of Cosmetology that they may no longer respond promptly to or do not provide requests for certification of licensure. This may mean a delay in your application being evaluated for Arizona licensure. This office will contact these Boards and provide a certification for you based upon information provided below. **This certification will be completed based upon information obtainable by this Board and does not guarantee qualification for licensure in Arizona. Any dispute with information obtained (or information not found) will be between the applicant and their Board of Cosmetology.** If you have questions about these policies, please contact that state board.

CERTIFICATION REQUEST FORM

If you wish to have this office provide your certification please send:

1. A copy of your CURRENT state license;
2. A completed Arizona Certification request form (following);
3. \$30 cashier's check or money order. FEES ARE NON-REFUNDABLE.

Please print or type. Incomplete forms will cause processing delays.

NAME

DATE

MAILING ADDRESS

PHONE #

CITY STATE ZIP

SOCIAL SECURITY NUMBER

LICENSE INFORMATION

If you have more than one license to be certified, you must provide a separate form and fee for each license.

State of Licensure: _____ State license number: _____ Expiration date: _____

Name as it is listed on the license: _____

If this name is different from your original application, legal proof of name change must be submitted.

By signing below, you are verifying that the information provided for this application is true and correct to the best of your knowledge.

YOUR SIGNATURE: _____

SCHOOL HOURS CERTIFICATION

It is our understanding that these states also do not provide certification of earned hours, and therefore an applicant may not be able to qualify for reciprocity through examination. **Arizona cannot provide a certification of education for you.** If you wish to qualify for examination in Arizona and have attended school in a state that does not certify hours, send your educational information to an independent evaluation service listed on the first page of this application.

APPLICATION FOR LICENSE BY RECIPROCITY

Arizona State Board of Cosmetology
1721 East BROADWAY, TEMPE ARIZONA 85282
480-784-4539 www.azboc.gov

This application is made under and pursuant to provisions of the laws of the State of Arizona, A.R.S. Chapter 5, Title 32. Web site **www.azboc.gov** . **Please read instructions.** Fill out application completely to avoid processing delays.

PERSONAL DATA – please print: The address listed below will be your address of record, and all correspondence will be sent to this address. It is your responsibility to notify the agency of an address change. Please note that the address is public information. You may use a business address or P.O. Box if you choose.

Name must be your legal name, and names on all documents must match.

1 _____
FIRST NAME MIDDLE NAME LAST NAME

ADDRESS

CITY STATE ZIP DATE OF BIRTH

3 _____
MALE FEMALE SOCIAL SECURITY NUMBER # HOME PHONE NUMBER EMAIL ADDRESS

FEES: Check type of license for which you are applying and enclose the fee by **cashier's check or money order only**. Personal checks are not accepted. Fees are for processing your application and **are not refundable**; evaluate your eligibility carefully.

\$110 fee for each application ___ Cosmetology ___ Nail Technology ___ Aesthetician ___ Instructor

4 THE STATE OR COUNTRY IN WHICH YOU ARE CURRENTLY LICENSED IS: _____
THE STATE OR COUNTRY IN WHICH YOU ATTENDED PROFESSIONAL SCHOOL IS: _____

IF TRAINING OR LICENSURE WAS RECEIVED OUTSIDE THE UNITED STATES, HAVE YOU CONTACTED AN EVALUATION SERVICE FOR AN EVALUATION OF LICENSURE OR TRAINING AND INCLUDED THAT EVALUATION WITH YOUR APPLICATION (see above)? _____ YES

HAVE YOU HAD A PREVIOUS LICENSE THROUGH ARIZONA BOARD OF COSMETOLOGY? ___ YES ___ NO

IF YES: LICENSE NUMBER _____ NAME ON LICENSE: _____

HAS ANY LICENSE UNDER YOUR NAME HAD DISCIPLINARY ACTION TAKEN AGAINST IT, OR HAVE YOU EVER HAD A PROFESSIONAL LICENSE SUSPENDED OR REVOKED? ___ YES ___ NO

IF YES, GIVE DETAILS: _____

HAVE YOU TAKEN A BOARD EXAM IN ARIZONA WITHIN THE LAST FIVE YEARS? ___ YES ___ NO

IF YES: WHEN: _____ WHICH EXAM: _____ UNDER NAME OF: _____

Have you: _____ **Enclosed your fee?** _____ **Completed all blanks above?**

_____ **Attached a copy of your current license?**

_____ **Enclosed a certification from your governing board?**

_____ **Enclosed an evaluation of training or licensure (if applying from another country)?**

In signing below, you are certifying that information provided for this application is correct, you have read this form, and you know and understand the laws and rules of the Arizona Board of Cosmetology.

SIGNATURE